SCHEDULE B (FEC Form 3X)		FOR I	INF	NUMBER: PAGE 11662OF \$12931							31	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check			23	3	 24		25		:6	
	Detailed Summary Page		27	<b>X</b> 28a	28		28c	$\vdash$	29		0b	
Any information copied from such Reports and Statem	Lents may not be sold or use	d by any					f soliciti	na co	ontribu	tions	$\dashv$	
or for commercial purposes, other than using the name											_	
NAME OF COMMITTEE (In Full)												
ActBlue												
Full Name (Last, First, Middle Initial)												
A. TIMOTHY DEMPSEY				Date o	f Disbu	rsei	ment					
Mailing Address 20 COUTLI OLD CLEDE					M M / D D / Y Y Y Y Y							
Mailing Address 30 SOUTH OLD GLEBE				12		18	5		015			
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7.11.2.0.11.0.1	VA 22204			ITAIIS	action	טו	. SDZOA	_208	10930	•		
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Full Name (Last, First, Middle Initial)											—	
3- SHIRLEY DEMPSEY-KAHN				Date o	f Disbu	rsei	ment					
				М = М	/ [	)			Y	Υ		
Mailing Address 800 SOUTHERLY RD				08	JL	3′	Ш L	_ 2	015			
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DONNA DEMPSTER-MCCLAIN				Date o	f Disbu	rsei	ment					
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BOISE	ID 83704			ırans	action	טו	: SB28A	_267	01991			
Purpose of Disbursement Contribution Refund			$\neg 1$		=							
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Otato. District.											_	
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SUBTOTAL of Disbursements This Page (optional)						Ţ			37	.00		